



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	No 2 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	26 February 2025
Centre ID:	OSV-0005132
Fieldwork ID:	MON-0038523

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

No. 2 Bilberry consists of two semi-detached two-storey houses located close together in a housing estate in a city suburb. The centre can provide full-time residential care or five day residential care for a maximum of nine male residents over the age of 18. The centre can support residents with intellectual disabilities and Autism. Support to residents is provided by the person in charge, a social care leader, social care workers and care assistants. Each resident has their own individual bedroom and other rooms in the two houses include living rooms, a kitchen-dining rooms, bathrooms and staff rooms.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
--	---

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 26 February 2025	09:15hrs to 18:00hrs	Kerrie O'Halloran	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to inform the decision-making about the renewal of the centre's registration. The inspector met with eight residents, a number of which indicated to the inspector that they liked living in the centre. The residents met appeared comfortable in the presence of staff who interacted appropriately with residents during the inspection. The centre where residents lived was generally well-presented.

This designated centre comprised of two semi-detached two-storey houses located close together in a housing estate in a city suburb. Combined these houses provided a home for a maximum of nine residents. At the time of the inspection nine residents lived in the centre. Eight of the nine residents living in the centre were met by the inspector during the course of this inspection. The ninth resident was out completing activities of their choice on the day of the inspection and was not met by the inspector.

On arrival to the designed centre the inspector was greeted by a resident of one of the houses. The resident welcomed the inspector to their home. The inspector was then introduced to the person in charge and area manager. The other four residents living here greeted the inspector. They were ready to go about their day ahead. Residents informed the inspector of the employment they attend and one resident here was attending their day service that day. A resident spoke to the inspector about their plans for the day ahead, as it was their day off. The residents here were very proud of their employment opportunities and were very happy telling the inspector about where they worked.

The person in charge brought the inspector to the second house that comprises of the designated centre. Here one resident was present. Other residents had left earlier that morning. The resident told the inspector they were happy to see the Health Information and Quality Authority (HIQA). The resident here spoke about their enjoyment of music and television shows. The inspector visited this house twice more during the inspection in order to review documentation and to meet staff members and residents. Two more residents were met in this house during the course of the inspection. The residents here told the inspector they were happy in their homes and enjoyed activities in their home and community such as listening to music, watching television, going shopping and out for meals.

Residents in both houses appeared comfortable and relaxed in the presence of staff. This contributed to the relaxed and homely atmosphere in the centre during the inspection. The inspector spoke to five staff members. These staff members were knowledgeable in their role and how they support the residents. For example one staff member discussed how they support a resident to complete exercise each week as part of their regular physiotherapy appointments. While another staff discussed the likes and dislikes of residents and their weekly activities. On the day of the inspection some residents were looking forward to attending a local disco that

night.

In general both houses were seen to be clean, well-furnished and well-maintained although the kitchen in one house required maintenance. This had been identified by the person in charge in an audit and a plan was in place to replace this. The other house had a new kitchen in place. Both houses had rear gardens which residents could access.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. All residents had completed the questionnaires and stated that they make their own choices and decisions, they know the staff team, they feel listened too, they have made friends and get on with the people they live with. One resident identified, it could be better, for is this a nice place to live. While another resident commented that another resident of the centre can 'annoy' them at times. Overall the feedback received from the resident was positive.

The next two sections of the report present the findings of this inspection about the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. The inspection found that for the most part the provider had systems in place to ensure residents were being supported in their daily lives. The inspection also found that some matters of a safeguarding nature had not been notified in a timely manner and some improvements were required in staff training and development.

The inspector reviewed a sample of rosters. They indicated that there were sufficient staff on duty to meet the needs of the residents.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

Staff members demonstrated a good level of knowledge of residents' preferences, personalities and histories, as well as competency in navigating their care and support plans for their assessed needs.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had a remit of one designated centre. This individual was full time in their role and maintained effective oversight over the designated centre.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge maintained a planned and actual roster. A sample of five weeks' rosters were reviewed by the inspector. From this review it identified there was a staff team in place as per the statement of purpose which ensured continuity of care. These rosters incorporated the staff members allocated to each house under the remit of the centre.

At the time of the inspection, unplanned and planned leave was being managed through regular relief staff. During the inspection staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed a training matrix which the person in charge utilised to monitor the training needs of staff within the centre. The matrix reflected the staff members present on the roster provided including relief staff.

All staff had completed a number of training, such as, safeguarding of vulnerable adults, children's first and manual handling. Where staff required refresher training, the matrix provided upcoming dates that staff were completing this training. For example, one staff that required fire training was scheduled to complete this in the coming weeks.

However, some review was required to ensure all staff had completed training as required. One staff had not completed fire training, this had been identified as planned training for December 2024.

A number of staff had not completed crisis prevention intervention (CPI) or

management of actual or potential aggression (MAPA). Three staff were overdue this training and three staff had not completed the training. From a review of the incidents in the designated centre and speaking with the person in charge this training identified on the training matrix would support both staff and residents.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, each residents name and date of birth. The details of one residents admission to the centre was not in place, however this was completed by the person in charge on the day of the inspection and reviewed by the inspector.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure. The person in charge reported to the area manager. There was evidence of clear communication within the governance structure.

The person in charge completed a range of on site monitoring tools to oversee the day to day operations of the centre. This included conducting audits in infection prevention and control, safeguarding audits, person in charge audits, restrictive practice audits, medication audits, environmental audits and fire audits. Action plans were in place for audits that had been completed, these were clearly recorded on action needed with a time line to complete. Where actions were being completed progress notes were kept and once the action was completed it was signed off by the person in charge and documented as completed. An audit reviewed by the inspector identified the kitchen in one house needed attention, this was identified on an action plan with a time line for completion.

The centre had completed an annual review in December 2024, which provided consultation with family members of residents. The provider had ensured six-monthly unannounced inspections of the designated centre had been completed. These were completed in March and September 2024.

Staff team meeting took place monthly in the centre. These meeting contained agenda items such as, risk register, recent audits, training, incidents and updates for each residents.

From observations on the day of the inspection and review of on site documentation



areas of governance and management required improvement. This included;

- Regulatory actions and areas for improvements were identified during this inspection around safeguarding and notification of incidents. The nature of these issues have to do with of the monitoring and oversight of the centre with the findings of this inspection indicating that on occasions such issues were not being appropriately identified and/or addressed in a timely manner.
- The provider had identified in the centre six-monthly unannounced audit in September 2024 that a document in place in the residents meeting folder titled house rules needed to be reviewed, as it did not use 'empowering' language. On the day of the inspection the old house rules document was still in place. The person in charge provided a new document which had been developed prior to the inspection and replaced this.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had ensured that a statement of purpose was in place for this centre. This statement of purpose had been reviewed and was present inside the centre. When reviewing the statement of purpose it was found that it contained all of the required information. This included details of the care and support needs the centre was intended to meet, the admission criteria, and the information in the centre's certificate of registration.

Judgment: Compliant

### Regulation 31: Notification of incidents

Under this regulation the Chief Inspector must be informed of particular events that happen in a designated centre within a specific time period. This is important to ensure that the Chief Inspector is aware of matters which could adversely impact the quality and safety of care and support received by residents. Amongst the events that must be notified are allegations or incidents of a safeguarding nature which must be notified within three working days.

However, despite the regulatory requirements in this area, this inspection found that, while some incidents had been notified, an incident of a safeguarding nature where a resident in one house had impacted another had not been notified within three working days. This incident had not been identified as a safeguarding incident by the provider until it was highlighted by the inspector on the day of the inspection. The day after the inspection the inspector received a retrospective notification for

this incident that took place in May 2024.

Additionally, two incidents of a safeguarding nature had been notified to the Chief Inspector outside the three working days. One incident was reported on the 23/01/2024 and notified on the 30/01/2024. The second incident took place on the 09/07/2024 and was notified on the 30/08/2024. This was discussed with the person in charge on the day of the inspection.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a designated complaints officer nominated. There had been a number complaints made in the centre since the last inspection. Residents were supported to make complaints. The inspector reviewed the complains log and complaints had been recorded, reviewed and resolved to the satisfaction of the resident recorded. The complaints were seen to be well recorded.

The service had also received some compliments. For example, one family complimented the staff on their great work in the centre in supporting a resident.

Judgment: Compliant

### Quality and safety

Documentary evidence was provided during this inspection that incidents deemed to be safeguarding in nature were, for the most part, appropriately screened. However, some improvement was required to ensure that all incidents of a safeguarding nature were reported and in a timely manner to ensure compliance to the regulations. Staff spoken with during this inspection demonstrated an awareness of active safeguarding plans in centre and staff had completed safeguarding training.

Residents' rights were promoted in the centre with residents consulted with how they would like live their lives. Residents were seen to attend a day service, with some residents choosing employment. Residents in the centre lived active and independent lives which was promoted by the staff and management of the centre. Some improvement was required to ensure residents meeting were taking place regularly and consent forms in place would ensure to promote the rights of the residents.

Each resident in the centre was supported to develop a comprehensive individual personal plan. This included an annual review of needs from a multi-disciplinary

perspective. Through the completion of an annual person centred meetings residents were consulted in the review of their plan and in the development of personal outcome goals such as planning holidays and day trips, as well as exploring employment opportunities.

### Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. On the day of inspection residents were supported to attend activities of their choice both with in the house and in the wider community. Residents were attending employment, day services, meeting friends or relaxing in their homes. On the day of the inspection, one resident told the inspector that they were meeting a friend in a local cafe as they enjoyed their day off work.

Residents had been supported to develop personal outcome measures for the coming year with the support of staff. These included such goals as planning holidays and day trips. Each resident has an appointed key worker to support them to develop and review their outcomes.

Residents had access to television and internet. The inspector met one resident who enjoyed spending time in their bedroom, the person in charge informed the inspector the resident had recently been supported to buy a new television. The resident was seen to be enjoying this on the day. A other resident attended a local day service, on the morning of the inspection this resident was collected from their home to attend their day service.

Judgment: Compliant

### Regulation 17: Premises

The premises was comfortable and suitably decorated. It was found to be clean throughout. Each resident had their own bedroom and access to communal areas in each house such as sitting rooms, kitchens and dining rooms. Each house had laundry facilities in place and adequate storage facilities. Residents' bedrooms were seen to be decorated with their own personal items.

The kitchen in one house required maintenance as it was worn and paint chipped on the kitchen doors. The person in charge had identified this on an audit for the house and an action plan was in place to address this.

Judgment: Compliant

## Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk. The provider had a local risk management procedure in place which had been reviewed in July 2024.

There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place, where risks to their well being and safety were identified, assessed and in general kept under ongoing review. Control measures had been identified for risks in place in order to migrate the risk. For example, at times staff in each house worked alone. The person in charge had identified lone working on the risk register for the centre and control measures were in place to support the staff team.

The person in charge had also identified a risk of behaviours of concern that may cause distress to other residents. This clearly identified control measures to migrate the risk. Some of the control measures in place included staff members knowledge of the residents, psychology input present and available and the designated centre, staff team have received safeguarding training, complaints policy available. This risk was seen to be recently reviewed in February 2025 by the person in charge.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider ensured that there were good arrangements in place for fire safety in the centre. These included; regular fire drills, a fire alarm, fire fighting equipment, emergency lights and fire doors. Regular checks were being completed on the fire safety arrangements by the staff team and local management team. The inspector reviewed a sample of these weekly checks in place from 6 January 2025 and these were seen to be completed.

Each resident had a personal emergency evacuation plan in place. There was a clear procedure in place for the evacuation of residents. There was good oversight by the

person in charge of fire drills, which ensured all residents had the opportunity to take part in fire drills throughout the year. The inspector spoke to a resident about fire drills. They were very aware and familiar with the escape routes and identified the fire assembly point to the inspector.

The designated centre had an identified risk assessment in place for fire safety and this had been reviewed in November 2024.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' personal plans, which contained their assessment of need. They were found to be comprehensive and up to date. The assessments were informed by the residents, their representatives and multidisciplinary professionals as appropriate.

The assessments informed care and support plans. These were seen to be in place and reviewed regularly. These plans were seen to be written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Intimate care plans
- Communication
- Identified areas of health where a resident required additional supports in place, such as, anxiety management plans and bowel support plans.

Annual review meetings were held with residents and their family representatives to review residents' care and support. From the plans reviewed these had taken place in July and Oct 2024, with one resident completing a six month review in January 2025. Residents plans identified their goals and aspirations for the coming year. These were seen to be important and individual to the residents. These goals were found to be kept under review. One resident had a keen interest in cars and was supported to visit a race circuit. Some residents also had planned trips aboard which would be taking place in the coming weeks.

However some areas required review:

- In a residents personal plan a medical emergency consent sheet was in place. This document identified in the event of an emergency arising and 'I cannot be contacted' I give permission for the resident to undergo general anaesthetic and any other form of medical treatment which may be considered necessary. The resident themselves had signed this document, along with the residents key work as a witness. This was discussed with the person in charge during the inspection. The wording in the document did not reflect the purpose of the consent in place nor did the residents personal plan identify the need for this consent to be in place.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to various members of the multi-disciplinary team (MDT), including psychology and speech and language therapy. They were supported to attend other appointments as required such as general practitioner visits or opticians and the centre kept a record of these appointments.

The inspector reviewed two personal plans of residents. In these plans, there were detailed health care management plans in place for residents. These were seen to be reviewed regularly. The inspector reviewed some of these plans. For example, a resident had a support plan in place to manage their anxiety. This plan identified signs of anxiety and information for staff to support the resident if they display these signs.

The inspector spoke to staff and found them to be aware and knowledgeable on how to support residents with health care needs. For example, the inspector asked a staff how they would support a resident with a bowel management plan in place and the staff were knowledgeable on this.

Judgment: Compliant

### Regulation 8: Protection

The inspector reviewed the incident records for the designated centre from 24 January 2024. On review of this the inspector identified that there had been one instance in May 2024 where matters of a potential safeguarding nature had not been reported internally as it was identified on the inspection day. This incident involved residents from one house. On the day of the inspection the person in charge informed the inspector it would be followed up with the centres designated officer and reported to the national safeguarding office. The day after the inspection the inspector received a retrospective notification for this incident.

The staff spoken with during this inspection demonstrated a good awareness of how and who to report safeguarding concerns to. Training records provided indicated that all staff had completed relevant safeguarding training.

The staff that were spoken with during this inspection did have an awareness of safeguarding plans that were active for this centre. Such safeguarding plans had been put in place following appropriate referrals to the relevant statutory bodies following any safeguarding allegations or incidents that arose involving the residents

of this centre. Interim safeguarding plans were provided of relevant safeguarding screenings that were conducted which was in keeping with relevant national safeguarding policy. The provider also had processes in operation for the provider's designated officer (person who considers safeguarding concerns) to review any safeguarding plans in place. It was seen during this inspection that information about the identity of the designated officer and how to contact them was on display in both houses of this designated centre. When the inspector was speaking to a resident in one house they identified the designated officer as a person they would speak to if they had any concerns of a safeguarding nature. They also identified the person in charge.

Regular staff meetings were occurring in the designated centre and safeguarding was a running agenda item. The person in charge informed the inspector that safeguarding would continue to be discussed at staff team meetings, along with active safeguarding plans in place.

Residents' files contained up-to-date intimate care plans which detailed measures that staff should take to ensure that residents' dignity, privacy and autonomy were upheld when in receipt of personal care. The inspector spoke to a member of staff who identified the supports in place in one of the houses as per the care plan in place.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self-development.

Each resident had access to facilities for occupation and recreation with opportunities to participate in the locality in accordance with their wishes. For example, one resident had been supported with the staff and management of the centre along with their job coach to secure employment in an industry that was a dream for the resident. On the day of the inspection some residents were attending a local disco, while the inspector spoke to other residents who had chosen not to attend and this choice was supported.

Residents were further supported to make their own choices in terms of meal planning, activities and their employment. The centre promoted the residents' independence. During the course of the inspection residents were seen to come and go from the centre as they attended their employment or met friends.

On the day of the inspection residents' privacy and dignity was respected, particularly in relation to personal communications. This was evident in the respectful way in which staff communicated with residents. For example, staff were overheard by the inspector asking residents where they would like to go to have a

meal that evening.

It was evident during the inspection that the person in charge and staff were cognisant that it is the residents' home. Residents were seen to have keys for their home. Residents told the inspector how they leave their home during the day and met friends or go shopping and have their own key to re-enter their home.

Residents meetings were in place, these were to take place regularly as per the centres statement of purpose and residents guide. However from the meetings reviewed, there were times when regular meetings were not occurring. For example, on the day of the inspection no records were in place for the months September 2024, December 2024 and January 2025. This did not provide assurance that residents were being consulted with or participating in matters arising in the centre on a regular basis.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for No 2 Bilberry OSV-0005132

Inspection ID: MON-0038523

Date of inspection: 26/02/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	
The Person in Charge will keep the training matrix up to date and book remaining staff for training in CPI, all staff will be trained by [03/06/2025].	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
The registered provider will ensure that the action plans in provider audits are reviewed and actioned by the Person in Charge including updating the agenda and recording of the resident's meetings [26/03/2025].	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	
The person in charge will ensure there are systems in place to ensure that notifications are made within the appropriate time frame to the Authority. The person in charge will ensure all staff are aware of notifiable events and the person in charge will review day reports during the week. [26/03/2025]	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:	
The person in charge will review the medical emergency consent document to support the resident to avail of medical treatment in line with the HSE consent policy. When complete the personal plan will be updated [24/04/2025]	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Designated Officer will attend the staff team meeting on the [30/04/2025] to update and support the staff team with the safeguarding process including reporting.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The provider will ensure that the residents meetings happen consistently in the centre. The person in charge has scheduled the meeting on a Tuesday, monthly over the year.[25/03/2025]</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	26/03/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Not Compliant	Orange	26/03/2025

	following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	24/04/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/04/2025
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the	Substantially Compliant	Yellow	25/03/2025

	designated centre.			
--	--------------------	--	--	--